


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90026 031 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # V20139</b>                            |  |
| 1. Entity Name<br>FLORIDA/CARIBBEAN MARKETING, INC. |   |

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| Principal Place of Business<br>600 S. ANDREWS AVENUE<br>POMPANO BEACH FL 33069<br>US | Mailing Address<br>600 S. ANDREWS AVENUE<br>POMPANO BEACH FL 33069<br>US |
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|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>5763 N. Andrews Way | 3. Mailing Address<br>9333 Lakeside Ln |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                    |

1st MOORE CR2E034 (10/06)

|                                    |                                   |
|------------------------------------|-----------------------------------|
| City & State<br>Ft. Lauderdale, FL | City & State<br>Boynton Beach, FL |
| Zip<br>33309                       | Zip<br>33437                      |
| Country<br>Broward                 | Country<br>Palm Beach             |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3118356 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent<br>WHITE, EDGAR L.<br>8604 SW CRUDENBAY FL<br>STUART FL 34997                    |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|  |                 |
|--|-----------------|
| SIGNATURE<br><i>Edgar L. White</i>                           | DATE<br>3/09/07 |
| (NOTE: Registered Agent signature required when reinstating) |                 |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>WHITE, EDGAR L.<br>6631 NW 61ST AVENUE<br>PARKLAND FL 33067<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <i>Edgar R. White</i><br>8604 SW Cruden Bay Ct<br>Stuart, FL 34997<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

|   |               |
|---|---------------|
| SIGNATURE: <i>Edgar L. White</i>                                    | DATE: 3/09/07 |
| SHOW TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |               |
| Daytime Phone # 954-205-0079  |               |